PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

			110, 1111 00020 20	<u> </u>					
DUE DATES:		February 1	First Semester to County Superin to State Superint			Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE THI	S CLAIM FO	R STATE REIMI	BURSEMEN	T FOR SCH	IOOL BUS TRAN	NSPORTATION:		
This clair	n is for the j	period beginning		,	20 and en	iding	,	20	
			month	day		me	onth da	y	
CERTIF	ICATION	1:							
The infor	mation on t	his form is compl	ete and accurate to th	e best of my kn	owledge.				
Date			Signature, Chair, Board	d of Trustees					
County:			District:				District Lev	vel:	
54 Whea	atland		0945 Harlowt	on Elem			Elemen	itary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
50	16	1	120	1.36	65	12/23/04			
50	16	11	60	0.95	46	12/23/04			
	· · · · · ·			•					

TR-6 (1/05) Page 1

PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

	_	— пеіє	ena, wii be	<i>9</i> 620-25	UT			-	
DUE DATES:	1 oktaury 10 to state supermission						May 24 to	Second Semester County Superin State Superinter	tendent ndent
COMPL	ETE THIS (LAIM FC	JK STATE	REIVII	BURSEMEN	T FOR SCI	HOOL BUS TRAN	NSPORTATION:	
This clair	n is for the per	iod beginning	g		,	20 and e	nding	,	20
			mont	th	day		m	onth da	y
CERTIF	ICATION:								
The infor	mation on this	form is comp	olete and accu	rate to th	e best of my kn	owledge.			
Date			Signature, C	hair, Boar	d of Trustees				
County:			District:					District Le	vel:
54 Whea	atland		0946 Ha	arlowt	on H S			High S	chool
Percentage	District #	Route #		Miles er Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	16	1		120	1.36	65	12/23/04		
				60	0.95	46	12/23/04		

TR-6 (1/05) Page 1

0	PI

21J

21J

2

2A

47

47

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

12/16/04

12/16/04

State	
District	
County	

		Hele	na, M	Г 59620-25	01		School Bus T	ransportation	County	
DUE DATES:		February 1 February 1	to Cou 5 to Sta	te Superint	endent	T EOD SC	Second Semester May 10 to County Superintendent May 24 to State Superintendent R SCHOOL BUS TRANSPORTATION:			
<u> </u>				TIE KENVIL						
i nis cian	m is for the	period beginning		month	day	20 and e	nding m		20 av	
CERTIF	ICATIO	N:			•				•	
		this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County: District:							District Le	evel:		
54 Wheatland 0948 Judith Gap Elem							Elemei	ntary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
65	21J	1		90.5	0.95	47	12/18/04			
65	21J	1A		91.5	0.95	47	12/18/04			

47

47

0.95

0.95

88

71

TR-6 (1/05) Page 1

0	PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:												
This claim is for the period beginning, 20 and en							and end	nd ending, 20				
This claim is for the period beginning				nonth	day			_	month	day		
CERTIFICATION:												
The information on this form is complete and accurate to the best of my knowledge.												
Date Signature, Chair, Board of Trustees												
County: District:							District Level:					
54 Wheatland			0949 Judith Gap H S				High School					
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capac	city	Inspection		ays rated	Bus Driver's Social Security #	
35	21J	1		90.5	0.95	47		12/18/04				
35	21J	1A		91.5	0.95	47		12/18/04				
53	21J	2		88	0.95	47		12/16/04				
53	21J	2A		71	0.95	47		12/16/04				

TR-6 (1/05) Page 1